

## Laboratory Report

Scott Seeley  
NTS

Report Date: 12/09/2015  
Date Received: 12/04/2015

Project: 10170C USS  
Pace Project No.: 1258105

Sample: SW-001		Lab ID: 1258105001		Collected: 12/04/15 09:40		Matrix: Water	
Method	Parameters	Results	Units	Report Limit	Analyzed	Qualifiers	
EPA 200.7	Calcium	32.3	mg/L	2.0	12/08/15 10:02		
EPA 200.7	Magnesium	42.4	mg/L	2.0	12/08/15 10:02		
	Field pH	7.58	Std. Units		12/04/15 09:40		
	Field Temperature	0.1	deg C		12/04/15 09:40		
	Field Specific Conductance	575.8	umhos/cm		12/04/15 09:40		
SM 2320B	Alkalinity, Bicarbonate (CaCO <sub>3</sub> )	91.5	mg/L	5.0	12/08/15 18:03		
EPA 300.0	Chloride	39.9	mg/L	1.0	12/07/15 23:56		
EPA 300.0	Sulfate	131	mg/L	2.0	12/07/15 23:56		

Reviewed by:



Heather R Zika  
heather.zika@pacelabs.com

### Virginia Minnesota Certification ID's

315 Chestnut Street, Virginia, MN 55792  
Alaska Certification #MN01084  
Arizona Department of Health Certification #AZ0785  
Minnesota Dept of Health Certification #: 027-137-445  
North Dakota Certification: # R-203

Wisconsin DNR Certification # : 998027470  
WA Department of Ecology Lab ID# C1007  
Nevada DNR #MN010842015-1  
Oklahoma Department of Environmental Quality



Environmental Science  
& Engineering

Chain of Custody Record

Page: 1 of 1

526 CHESTNUT STREET

VIRGINIA, MINNESOTA 55792

218-741-4290 \* FAX 218-741-4291

COC#:

PM: HRZ  
CLIENT: NTS  
Due Date: 12/18/15

MO# 1258105

CLIENT NAME, ADDRESS, PHONE#:

US Steel MinnTac

REPORT TO:

Tom Moe - USS Minntac  
Scott Seeley - NTS, 218-742-1028

TYPE & # CONTAINERS

Comments:

Collect & Filter 1 Liter for DNR.

SAMPLER: CE/BF

PERMIT REQ.: Yes

PROJECT: NPDES Data Gaps Monitoring

MONTH: December 2015

PROJ. NO: 10170C

COLLECTION:

MATRIX: Filtered

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REPORT DATE: 2 weeks from submittal

	Document Name: <b>Sample Condition Upon Receipt Form</b>	Document Revised: 23Feb2015 Page 1 of 1
	Document No.: <b>F-VM-C-001-Rev.09</b>	Issuing Authority: Pace Virginia, Minnesota Quality Office

**Sample Condition  
Upon Receipt**

Client Name: NFS

Project #:

**WO# : 1258105**



Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client  
☐ Commercial ☐ Pace ☐ Other: \_\_\_\_\_

Tracking Number: \_\_\_\_\_

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No      Seals Intact? ☐ Yes ☒ No      Optional: Proj. Due Date: \_\_\_\_\_ Proj. Name: \_\_\_\_\_  
Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other: \_\_\_\_\_      Temp Blank? ☒ Yes ☐ No  
Thermometer Used: ☒ 140792808      Type of Ice: ☒ Wet ☐ Blue ☐ None ☒ Samples on ice, cooling process has begun  
Cooler Temp Read °C: 0.9      Cooler Temp Corrected °C: 1.2      Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA  
Temp should be above freezing to 6°C      Correction Factor: 0.3      Date and Initials of Person Examining Contents: 12-4-15 CR

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>WT</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

**CLIENT NOTIFICATION/RESOLUTION**

Field Data Required? ☐ Yes ☐ No

Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Comments/Resolution: \_\_\_\_\_

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review: Heather 30

Date: 12/4/15

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)